

**Neighborhood Development Fund
Not-for-Profit Request**

DATE: June 28, 2006

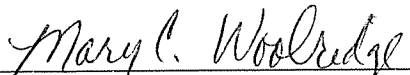
TO: Appropriations Committee

FROM: Councilwoman Mary C. Woolridge

RE: Request for Neighborhood Development grant to be considered by the
Appropriations Committee.

I have reviewed the attached proposal in the amount of \$600 through the Louisville Metro Council to A Better Life, Inc. and have found it complete and within our guidelines. I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below.

Please add this Grant Application to the agenda of the next Appropriations Committee Meeting.



Signature of Councilman/Councilwoman

DISCLOSURE

List below any relation you have with the organization requesting the grant (your, your family, your legislative assistant or any city employee to this organization and to any member of the organization's board of directors or their employees.)

NONE

Approved by:

Appropriations Committee Chairman

Date

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 7/11/06 TIME: 2:03PM



SECTION ONE:
DESCRIPTION OF APPLICANT AGENCY/ORGANIZATION

IDENTIFYING INFORMATION

- I. Official Name of Agency/Organization (Agency) as listed with the Kentucky Secretary of State:
"A Better Life", INC.
- II. Organization number as listed with the Kentucky Secretary of State: 0425240
- III. List any "working" or "does business as" names for organization:
NONE
- IV. Address of main office: (street and zip + 4)
4304 Vermont Ave, Louisville, KY 40211-3115
- V. P. O. / mailing address if different: n/a (zip + 4) n/a
- VI. Phone # (502) 772-7618 Fax# (502) n/a
- VII. E-Mail n/a
- VIII. **Agency's Legal Signatory/Title**
Name Marya J. Carter
Title Sub officer / President
- IX. **Contact person responsible for application:**
A. Name: SAME, AKA MARYA CARTER or "MARTI"
B. Phone # (502) 772-7618 Fax# (502) n/a
C. E-Mail n/a

DESCRIPTION OF AGENCY

- I. Describe your Agency's vision, mission and services:
NON-Profit, charitable, Education services + Vision +
mission is to empower people to help themselves obtain +
+ maintain a better Lifestyle (A healthy, positive way of
Life for themselves and their families.
Services provided are "Etiquette Classes" for youth, Youth time
MANAGEMENT SEMINARS, Health fair coordinating/consultant services
FINANCIAL counseling + intervention, Youth Summer jobs - through
grants

- II. Total number of Board members 3
- III. Number of Board meetings held to date in current fiscal year 2
- IV. Average attendance at Board meetings full

FACILITIES

- I. List location(s) and terms (owned, rented, leased, or donated).
- A. 4304 Vermont Ave 40211-3115, owned by Solo Office
- B. 1201-1205 So. 26th St. (donated space)
- C. _____
- D. _____
- II. Are all facilities handicapped accessible? Yes ✓ No ✓
#B #A
- III. If no, please explain:
4304 Vermont Ave is not handicapped Accessible. Activities
are held at #B above. Client conferences or meetings are
held at #B or client's home or other facility as arranged.
#B Above under I. is handicapped ~~not~~ Accessible,

FINANCIAL INFORMATION

- I. Agency's fiscal year from (month) June 1st. to (month) May 31st
- II. Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? No _____ Yes X
- III. If yes, please explain.
Budget based on amount of funding applied for/received
or donation. Available.
- IV. For the **current fiscal year**, list funds received from Louisville Metro Government, including funds
from any department, office, etc. in either the former City of Louisville or Jefferson County.
- \$ none Source: _____
- \$ none Source: _____
- \$ none Source: _____

\$ none Source:

V. Provide **one copy only** of each of the following, as appropriate (4 points):

- A. Articles of Incorporation.
- B. Approved budget or executive summary for your Agency's current fiscal year.
- C. Proof of IRS 501(C) (3) status, or application for this IRS status, if applicable.
- D. Staffing structure for entire Agency, including organizational chart.
- E. Board member list; specify chair, vice-chair, secretary, and treasurer.
- F. **If** your Agency is an employer required to have a written Affirmative Action/Equal Employment Opportunity policy: copy of policy.
- G. **If** rent/occupancy costs are being requested: copy of the signed lease.
- H. **If** program participants have the opportunity to evaluate the services received: one copy each of any forms used.

VI. List below any relationship any members of your Board of Directors or employees have with any Metro Council Member, Council Member's family, Council Member's staff, or any Louisville Metro Government employee.

none

VII. I certify under the penalty of law that the information in this application is accurate to the best of my knowledge. I am aware that my Agency will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am authorized to sign this application for the Agency.

Name of Legal Signatory: (type or print) Marya J. Carter

Title: President / Sole Officer

Signature Marya J. Carter

Date 6/27/06

LOUISVILLE METRO COUNCIL
APPLICATION FORM FOR
NEIGHBORHOOD DEVELOPMENT FUNDS
(2006-2007)

Proposed Activity/Need: Health Fair

Name of Applicant Agency: "A Better Life", inc.

AMOUNT OF FUNDING REQUESTED \$600.00

I. Contact Person responsible for the Activity described in this proposal:

A. Name MARY J. CARTER
B. Title Founder - Organizer
C. Phone # (502) 772-7618 Fax # (502) n/a
D. E-mail n/a

2. If funded, this activity will further which of the major goals of Louisville Metro listed below.

☒ Bringing Us Together

☐ Keeping Us Safe

☐ Promoting Education and Growing Jobs

☒ Enhancing Neighborhoods and Protecting Our "Louisville" Quality of Life

3. If funded, this activity will strengthen (check one):

- ☐ Youth (teenagers, ages 13-19)
- ☐ Human Services (Citizens with barriers to meeting basic human needs)
- ☐ Arts/cultural
- ☐ Neighborhoods
- ☐ Business Associations
- ☐ Parks
- ☐ Community Activities and Events

☒ Other: if you do not believe your proposal fits any of the above, please describe the nature of your request:

Promoting preventive Health - to reduce Health Disparities
Along with FUN Activities, Exercise demonstrations Tai chi
+ Step Group. Health Screenings

4. If approved, Louisville Metro Funds will be used for (check one)

- ☒ Operating Funds (cannot exceed 33% of agency's total budget)
- ☐ Programming/services/events for direct benefit to community or qualified individuals
- ☐ Capital equipment (small operating equipment which may be used to benefit the individuals or community being served. (No building or renovations)

5. PROPOSAL DESCRIPTION: Describe how you are going to further one of the four major goals of Louisville Metro Government by this proposal. (See #2)

Bring people together (All Ages) to educate and screen for Health Purposes. Also educate for Housing, exercise, reading and Drug Awareness. Good Health enhances neighborhoods - & help with Health Disparity situations. Prevention is a KEY element.

6. Describe the activity being proposed to address the goal.

Agency Activity - DARE CAR, Diabetes, Blood Pressure, Cholesterol, Vision Screening (Dental - Florida) Shelter Housing Info, Lead poisoning Prog. HUD - TARC info. Tai Chi Demonstration Job Readiness (6th & Cedar). Expanding Information this year to address more needs of the community. After school programs.

7. Describe how the funding is to be used. BE SPECIFIC.

Funding will pay for Lou. Zoo "Petting Animals", Fliers BARACADOS for street, SIGNS, "Free" Ice Cream for children Prizes for games, Balloons Pay for set-up & tear-down of tables, chairs and general help with heavy items (3 people) (also have 8 volunteers)

8. Describe the results/goals for this proposal. How will you know it is successful?

At the end of screening participants are asked to fill out short questionnaire for feed back. All people are attending. Are asked by volunteers to fill out questionnaires. Purpose to find out if we help with help & living issues. I will follow-up on those persons who express help & try to refer to appropriate EXPECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO: Agency

- a. Participate in post-award training.
- b. Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding.
- c. Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in requirement for reimbursing Louisville Metro.
- d. Return to Louisville Metro of any unexpended funds by July 31, 2007.
- e. Documentation of all expenditures (canceled checks, receipts, paid invoices)

COMPLETE PAGE 3 -BUDGET SUMMARY STATEMENT FOR THIS PROJECT.

STAFF ONLY:

_____ Description of Applicant Agency/Organization Complete

_____ All documentation is attached: 501(c)3 status, Articles of Incorporation, Secretary of State status, EIN (Employer Identification Number)

PROJECT/PROGRAM BUDGET SUMMARY STATEMENT

AGENCY NAME: "A Better Life" Inc

Project/Program Name: Health & Fun Fair

This Project/Program Proposal is # 1 of 1



REVENUES ANTICIPATED	2006-2007	%
	Round to the nearest \$100	of Total Revenue
Louisville Metro Government Requested of Metro Agency: Metro Council	\$ 600.00	50%
State of Kentucky	0	0
Federal Government (Including Federal Pass-thru to State)	0	0
United Way	0	0
Fees for Services	0	0
Private Contributions	600.00	50%
Interest Income	0	0
Other Sources (Please specify)	0	0
TOTAL REVENUES	\$ 1,200.00	100%

OPERATING EXPENSES		
Personnel (including all fringes)	100.00	12%
Operating (Contractual and Supplies)	250.00	21%
Capital Equipment (Small Operating Equipment)	0	0
Programming	850.00	67%
TOTAL EXPENDITURES	\$ 1,200.00	100%

Value of in-kind assets, such as donated space, supplies, use of equipment, etc.	\$ 500.00
Value of volunteer services and how computed: 8 people @ \$5.25 per Hr. For 4 Hrs	\$ 168.00

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: APR 14 2004

A BETTER LIFE INC
4304 VERMONT AVE
LOUISVILLE, KY 40211

Employer Identification Number:
61-1367446
DLN:
17053052802094
Contact Person: JERRY FIERRO ID# 31119
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated September 25, 2000, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity during an advance ruling period.

Based on our records and on the information you submitted, we are pleased to confirm that you are exempt under section 501(c)(3) of the Code, and you are classified as a public charity under the Code section listed in the heading of this letter.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:00 a.m. - 6:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

475240

RECEIVED & FILED

JUN 4 8 00 PM '99

JOHN
SECRETARY
COMMONWEALTH OF KENTUCKY

ARTICLES OF INCORPORATION

OF

A BETTER LIFE, INC

The undersigned, acting as incorporator of a nonstock, nonprofit corporation organized pursuant to Chapter 273 of the Kentucky Revised Statutes, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation is A Better Life, INC.

ARTICLE II

The purpose of purposes for which the corporation is organized is the transaction of any and all lawful business for which a corporation may be organized under Kentucky Revised Statutes Chapter 273.

ARTICLE III

Section 3.1 The mailing address of the corporation's principle office is 4304 Vermont Ave., Louisville, Jefferson County, Kentucky 40211-3115.

Section 3.2 The name and address, including street and number, of it's resident agent for services of process is Marya J. Carter, 4304 Vermont Ave. Louisville, Jefferson County, Kentucky 40211-3115

ARTICLE IV

The name of the sole incorporator is:

Name	Address
------	---------

Marya J. Carter	4304 Vermont Ave. Louisville, Kentucky 40211-3115
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ARTICLE V

Section 5.1 The corporation shall have no members.

Section 5.2 The affairs of the corporation shall be managed and conducted by it's duly elected Board of Directors which shall consists of not less than three (3) nor more than five (5) directors.

Section 5.3 The number and election of directors shall be as prescribed by the by-laws. The Board of Directors may make and adopt by-laws not inconsistent with the provisions of these Articles and the laws of the Commonwealth of Kentucky.

Article VI

The initial Board of Directors shall consist of the following 3 persons

<u>Name</u>	<u>Address</u>
Anna L. Dunlap	3902 Vermont Ave. Louisville, Kentucky 40211
Elaine B. Stevenson	1445 Cane Run Road, #151 Louisville, Kentucky 40216
Phyliss Burton	3538 Vermont Ave. Louisville, Kentucky 40211

Article VIII

The corporation is organized exclusively for charitable, religious and educational purposes.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause of this Article VII. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax, or by an organization, contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Upon the dissolution of the corporation its remaining assets shall be distributed to any then exempt organizations or to the federal government, or to a state or local government for a public purpose, for one or more exempt purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Any such assets not disposed of shall be disposed of by the

Circuit Court of Jefferson County exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII

Section 8.1 No director of the Corporation shall be personally liable to the Corporation for monetary damages for any breach of his duties as a director, except for liability (i) for any transaction in which the director's personal financial interest is in conflict with the financial interest of the Corporation; (ii) for acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violations of law; or (iii) for any transaction from which the director derived an improper personal benefit.

Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such repeal or modification.

Section 8.2 The Corporation shall, to the fullest extent permitted by Kentucky law, indemnify any director or officer of the corporation from and against any and all reasonable costs and expenses (including, but not limited to judgments, fine, penalties and reasonable settlements) paid by or on behalf of, or imposed or completed claim, action, suit or proceeding, whether civil, criminal, administrative, investigative or other (including any appeal relating thereto), whether formal or informal, and whether made or brought by or in the right of the Corporation or otherwise, in which such person is, was or at any time becomes a party or witness, or is threatened to be made a party, witness, or otherwise, by reason of the fact that such person is, was or at any time becomes a director, officer, employee or agent of the corporation or, at the Corporation's request, a director, officer, partner, trustee, employee or agent of another corporation, partnership, joint venture, trust, employee benefit plan or other enterprise.

The indemnification authorized by this Section 8.2 shall not be exclusive of any other right of indemnification which any such person may have or hereafter acquire under any provision of these Articles or the Bylaws of the Corporation, agreement, or disinterested directors or otherwise. The Corporation may take such steps as may be deemed appropriate by the Board of Directors to provide and secure indemnification to any such person, including, without limitation, the execution of agreements for indemnification between the Corporation and individual directors, officers, employees or agents which may provide rights to indemnification which are broader or otherwise different than the rights authorized by this Section 8.2.

Dated: 5/7/99

Marya J. Carter
Marya J. Carter
Incorporator

The foregoing Articles of
Incorporation were prepared
by Marya J. Carter, 4304 Vermont
Ave. Louisville Kentucky 40211

Marya J. Carter
Marya J. Carter

A Better Life, Inc.
4304 Vermont Ave.
Louisville, KY 40211-3115

Evaluation Form

Date_____

Dear Client,

Please take the time to fill out the following information as it helps to improve services.

- 1. Were you satisfied with the services that you received**
Yes_____, **NO**_____

If not satisfied please tell us the reason:

- 2. Would you recommend our help to a friend? Yes**_____,
NO_____

- 3. Suggestions for future help services or activities that you would be interested in.**

- 4. Would you be interested in volunteering to help with an event or activity?**

Name: _____

Address_____

Telephone number_____

All comments will be followed-up with telephone calls or written letter

A BETTER LIFE, INC
4304 Vermont Ave.
Louisville, KY 40211-3115

Health and Fun Fair Evaluation Form, Year _____

Participants

Please take a minute and answer the following questions. You may either drop this paper in the box provided or mail it back to the above address within 1 week, please. Thank you for your time, consideration and for participating in this event.

- 1. Did you enjoy the fair, yes _____ no _____**
- 2. If you have children, did they enjoy the fair, yes _____, no _____**
- 3. Approximate number of people who stopped by your table today _____**
- 4. Did you do any screenings today, if so what _____ and how many _____**
- 5. Is there any activity that you think should be added to the fair, _____**
- 6. Is there anything that you didn't like, _____**
- 7. Was this event helpful to you in any way _____**
- 8. Would you come back next year, yes _____, no _____**

Thank you

A Better Life, Inc.

Budget are based on grants received for specific events yearly

Marti Carter

You can file your annual report online using a credit card or prepaid account. Visit our web site at sos.ky.gov/annualreports

COMMONWEALTH OF KENTUCKY
TREY GRAYSON, SECRETARY OF STATE
ANNUAL REPORT
DUE JUNE 30, 2006



0475240

ORGANIZATION ID #
0475240

STATE OR COUNTRY
OF INCORPORATION

KY

ORGANIZATION
DATE

06/04/1999

FILING
FEE

\$4.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

A BETTER LIFE, INC.
4304 VERMONT AVENUE
LOUISVILLE, KY 402113115

(3) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

(2) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form. Complete (4) to request a form to be mailed or download form from web site.

MARYA J. CARTER
4304 VERMONT AVENUE
LOUISVILLE, KY 402113115

(4) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

(5) PRINCIPAL OFFICERS If (5) is blank, type or print the names and business addresses of the current principal officers. If sole officer, please note. The annual report will be returned if business addresses are not listed. If the corporation has previously filed an annual report, verify the names and titles of officers listed below. Please note any additions to or changes in the principal officers and give the business address for each person listed.

Sole Officer	MARYA J CARTER	4304 Vermont Ave, Lou. Ky 40211
		Address
		Address
		Address
		Address
		Address

(6) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors (KRS 271B.8-010(3)). Nonprofit corporations must list three (3) or more directors (KRS 273.211). The annual report will be returned if business addresses are not listed.

ELAINE STEVENSON	3912 Vermont Ave, Lou. Ky 40211
Name	Address
PHYLISS BURTON	3538 Vermont Ave, Lou. Ky 40211
Name	Address
ANNA L DUNLAP	3902 Vermont Ave, Lou. Ky 40211
Name	Address
	Address

(7) Check here if you are a cooperative corporation or association organized under KRS 272. ☐

Check here if you are a rural electric or rural telephone cooperative corporation organized under KRS 279. ☐

I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

Marya J. Carter MARYA J. CARTER Sole Officer Sole Officer 6/6/06
Signature of Officer or Chairman of the Board Type of Print Name Title Date

ANNUAL REPORT AND FILING FEE

Submit for filing the completed annual report form and correct filing fee as indicated above. Make check payable to the "Kentucky State Treasurer". Please do not send cash.

MAILING ADDRESS

Trey Grayson
Secretary of State
P O Box 1150
Frankfort, KY 40602-1150

OFFICE LOCATION

Secretary of State
State Capitol, Room 154
700 Capital Avenue
Frankfort, KY 40601
(502)-564-2848

NOTE: P O Box 1150 is for
annual report filings only.

Security enhanced document. See back for details.

1023

A BETTER LIFE INC.
4304 VERMONT AVE.
LOUISVILLE, KY 40211-3115

73-68/839
55103

DATE 2-9-06

PAY TO THE ORDER OF Kentucky State Treasurer \$ 4.00

four 00/100 DOLLARS ☒

Security Features
are included.
Check serial.

BB&T

BRANCH BANKING AND TRUST COMPANY
LOUISVILLE, KENTUCKY

Maya Carter

FOR annual report filing fee

⑈001023⑈ ⑆083900680⑆5183457502⑈

MP

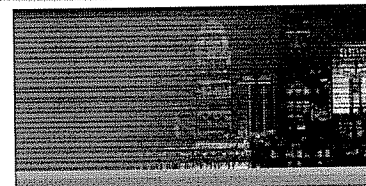
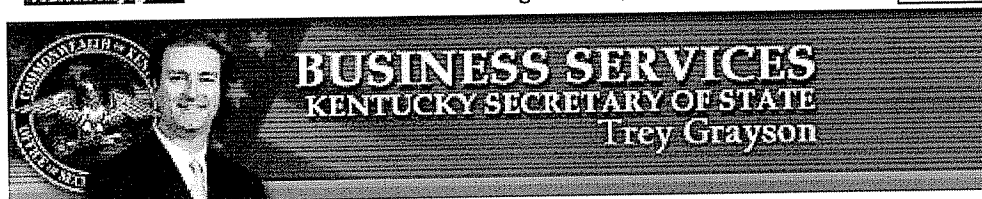
Kentucky.gov

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New Search

Show Activities Below

Show List of Microfilm Below

Hide Images

Statement of Change of Reg. Agent/Office (PDF)

Statement of Change of Principal Office (PDF)

☐ Printable Version of this page

Organization Number	0475240
Name	A BETTER LIFE, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	6/4/1999
Organization Date	6/4/1999
Last Annual Report	3/21/2006
Principal Office	4304 VERMONT AVENUE LOUISVILLE, KY 402113115
Registered Agent	MARYA J. CARTER 4304 VERMONT AVENUE LOUISVILLE, KY 402113115

Current Officers

Sole Officer	<u>MARYA J CARTER</u>
Director	<u>ELAINE STEVENSON</u>
Director	<u>PHYLIS BURTON</u>
Director	<u>ANNA L DUNLAP</u>

Incorporators and Initial Directors
[Business Services Home](#)[Business Filings](#)[Business Records](#)[UCC](#)[Trademarks/Service Marks](#)[Online Business Searches](#)[Organization Search](#)[Name Availability Search](#)[Current Officer Search](#)[Founding Officer Search](#)[Registered Agent Search](#)[Other Business Filings](#)[File Annual Report](#)[Assumed Name Renewal](#)[Validate Certificate](#)[Prepaid Account Status](#)[Online UCC Services](#)

Incorporator	<u>MARYA J. CARTER</u>
Director	<u>ANNA L. DUNLAP</u>
Director	<u>ELAINE B. STEVENSON</u>
Director	<u>PHYLISS BUTTON</u>

This organization has no assumed names

Images Available Online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

3/21/2006	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>
4/14/2005	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>
4/8/2004	1 page	<u>tiff</u>	<u>PDF</u>	<u>Annual Report</u>

Certificates Available

Certificate of Existence

Certificate of Registered Agent (Domestic and Foreign)

Click on a certificate title to purchase it. Certificates are \$10.00, payable by credit card or prepaid account. They are stored and returned as PDF documents. You must have Adobe PDF Reader to print the document.

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Show List of Microfilm Above

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New Search

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